

(Del. Rev. 11/14) Pro Se Prisoner Civil Rights Complaint

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

MR. DANIEL RAY EYSTER

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

JAMES T. VANGLIN CORRECTIONAL CENTER

1181 Paddock Road

SMYRNA, DELAWARE 19977

(In the space above enter the full name(s) of the defendant(s).

If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section IV. Do not include addresses here.)

Civ. Action No. _____

(To be assigned by Clerk's
Office)

COMPLAINT

(Pro Se Prisoner)

Jury Demand?

☒ Yes

☐ No

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

Daniel Eyster 10-18-18

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I. COMPLAINT

Indicate below the federal legal basis for your claim, if known. This form is designed primarily for pro se prisoners challenging the constitutionality of their conditions of confinement, claims which are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Check one:

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Action under *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)

II. PLAINTIFF INFORMATION

EYSTER Daniel RAY "DANNY"
 Name (Last, First, MI) Aliases

00399640
 Prisoner ID #

JAMES T. VAUGHN CORRECTIONAL CENTER
 Place of Detention

1181 Paddock Road
 Institutional Address

SMYRNA DELAWARE 19977
 County, City State Zip Code

III. PRISONER STATUS

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner

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IV. DEFENDANT(S) INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant 1: JAMES T. VAUGHN MEDICAL DEPARTMENT
Name (Last, First)

NONE
Current Job Title

NONE
Current Work Address

County, City State Zip Code

Defendant 2: _____
Name (Last, First)

Current Job Title

Current Work Address

County, City State Zip Code

* Daniel Gypth 10-18-18

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Defendant(s) Continued

Defendant 3: JAMES T. VAUGHN MEDICAL DEPARTMENT
Name (Last, First)

NONE
Current Job Title

NONE
Current Work Address

County, City State Zip Code

Defendant 4: _____
Name (Last, First)

Current Job Title

Current Work Address

County, City State Zip Code

* Daniel Wyzar 1018-18

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V. STATEMENT OF CLAIM

Place(s) of
occurrence:

J.T.V.C.C

Date(s) of occurrence: 2015-2018 on going!

State which of your federal constitutional or federal statutory rights have been violated:

Being Denied Medical Attention

State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you.

FACTS:

What
happened to
you?

I have A serious Life Threatening Medical
Condition, with my Vowels, I have
Problem's using The Tolet, For the past
3-years I've Been ignored By This
Medical Department At J.T.V.C.C,
I need To Be seen By A outside
Profreshinal Doctor That specilizes
in Vowels, my First Complaint
Grievance was in 2015-2016-18
my Latest Grievance was Filed
on 10-13-18

* Daniel Byster 10-18-18

Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : EYSTER, DANIEL R	SBI# : 00399640	Institution : JTVCC
Grievance # : 423854	Grievance Date : 10/13/2018	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 10/13/2018	Incident Time :
IGC : Burley, Katrina	Housing at the time of Grievance : Bldg 23, Lower, Tier D, Cell 3, Bottom	
Grievance Loc : JTVCC -23	Current Housing : Bldg 23, Lower, Tier D, Cell 3, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims..I am requesting to be taken to see an outside specialist to be treated for this major problem ASAP.
See scanned document at top under scanner.

Remedy Requested :

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES **Date Received by Medical Unit :** 10/15/2018
Grievance Amount :

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : EYSTER, DANIEL R	SBI# : 00399640	Institution : JTVCC
Grievance # : 423854	Grievance Date : 10/13/2018	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
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Grievance Loc : JTVCC -23	Current Housing : Bldg 23, Lower, Tier D, Cell 3, Bottom	

INFORMAL RESOLUTION

Investigator Name : Brackett, Laura L RN **Date of Report:**
Investigation Report :
Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

** Daniel Eyster 10-18-18*

FORM #585

MEDICAL GRIEVANCE FORM

FACILITY: JAMES T. VAUGHN CORRECTIONAL CENTERDATE: 10-13-2018GRIEVANT'S NAME: DANIEL RAY EYSTERSBI #: 00399640CASE #: 423854TIME OF INCIDENT: 8:45-P.M.HOUSING UNIT: Bldg #23-D-Tier-Cell 6-3

MEDICAL



MENTAL HEALTH



DENTAL

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON AROUND EARLY PART OF 2016 I INFORM THE MEDICAL STAFF THAT I'VE BEEN HAVING PROBLEMS USING THE TOILET. I WAS TOLD THAT I WAS ON THE LIST TO BE SEEN BY AN OUTSIDE DOCTOR AND I HAVEN'T BEEN SEEN BY AN OUTSIDE DOCTOR AS OF THIS DATE 10-13-2018

DOING THE 3 YEAR PERIOD ALL THIS MEDICAL DEPARTMENT HAS BEEN DOING IS GIVING ME SOME KIND OF CREAM INSTEAD OF MAKING SURE THAT THE PROBLEM WAS BEING TREATED PROPERLY.

THIS IS A MEDICAL PROBLEM THAT IS LIFE THREATEN AND REALLY NEEDS TO BE ADDRESS AS SOON AS POSSIBLE.

GRIEVANT'S SIGNATURE: Daniel EysterDATE: 10-13-2018

ACTION REQUESTED BY GRIEVANT:

I AM REQUESTING TO BE TAKEN OUT TO SEE AN OUTSIDE SPECIALIST TO BE TREATED FOR THIS MAJOR PROBLEM AS SOON AS POSSIBLE.

GRIEVANT'S SIGNATURE: _____

DATE: _____

WAS AN INFORMAL RESOLUTION ACCEPTED?

(YES)

(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE MEDICAL GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

RECEIVED

OCT 15 2018

INMATE GRIEVANCE OFFICE

Daniel Eyster 1018-18

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Who did
what?

* Printed by 10-18-18

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Was anyone
else
involved?

** Dorinda Wright 10-18-18*

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VI. ADMINISTRATIVE PROCEDURES

WARNING: Prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions. 42 U.S.C. § 1997e(a). Your case may be dismissed if you have not exhausted your administrative remedies.

Is there a grievance procedure available at your institution? ☐ Yes ☐ No

Have you filed a grievance concerning the facts relating to this complaint? ☒ Yes ☐ No
If no, explain why not:

Is the grievance process completed? ☐ Yes ☒ No
If no, explain why not:

NO I've BEEN BEING IGNORED FOR THE PAST
3-YEARS, MY MOST RECENT AND LATEST
GRIEVANCE WAS FILED ON 10-13-18,

VII. RELIEF

State briefly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I AM REQUESTING TO BE SEEN IMMEDIATELY BY A SPECIALIST CONCERNING
THIS PARTICULAR MEDICAL PROBLEM THAT I'VE HAD FOR THE LAST 3 YEARS.
I'VE NEVER RECEIVED APPROPRIATE MEDICAL TREATMENT FOR THE PROBLEM.
I AM REQUESTING TO BE PAID A SUM OF ONE MILLION DOLLARS PLUS MY
IMMEDIATE RELEASE FROM PRISON.

* Daniel L. Smith 10-18-18

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VIII. PRISONER'S LITIGATION HISTORY

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in forma pauperis in federal court if that prisoner has "on three or more occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. §1915(g).

Have you brought any other lawsuits in state or federal court while a prisoner? ☒ Yes ☐ No

If yes, how many? ONE

Number each different lawsuit below and include the following:

- Name of case (including defendants' names), court, and docket number
- Nature of claim made
- How did it end? (For example, if it was dismissed, appealed, or is still pending, explain below.)

WARDEN PIERCE FOR THE JAMES T. VAUGHAN CORRECTIONAL CENTER WAS
THE WARDEN IN 2015 TO 2017 THE CLAIM WAS BEING ILLEGALLY HOUSED AND
WAS NOT BEING PROTECTED FROM OTHER PRISONERS WHO WANTED TO DO ME
PHYSICAL HARM. THAT CASE WAS DISMISSED.

* Daniel Lynch 10-18-18

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IX. PLAINTIFF'S DECLARATION AND WARNING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; and (3) complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Plaintiff must sign and date the complaint and provide prison identification number and prison address.

10-18-18
Dated

Daniel Eyster
Plaintiff's Signature

EYSTER Daniel "RAY"
Printed Name (Last, First, MI)

00399640
Prison Identification #

1181 Paddock Road SMYRNA, DELAWARE 19977
Prison Address City State Zip Code

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

* Daniel Eyster 10-18-18